

**TOWN OF NORTH ANDOVER**  
**Community & Economic Development**  
**HEALTH DEPARTMENT**  
120 Main Street  
NORTH ANDOVER, MASSACHUSETTS 01845



978.688.9540 – Phone - 978.688.9542– FAX  
healthdept@northandoverma.gov - email  
<http://www.northandoverma.gov> - website

**DATE:**\_\_\_\_\_

**Tobacco Sales Permit Application**

**Establishment Name:**\_\_\_\_\_

**Establishment Location:**\_\_\_\_\_

**Mailing Address (if different):**\_\_\_\_\_

**Phone:**\_\_\_\_\_

**Fax:**\_\_\_\_\_

**E-Mail:**\_\_\_\_\_

**Applicant's Name & Title:** \_\_\_\_\_

**Owner of Establishment (if different):** \_\_\_\_\_

**Corporation Name:** \_\_\_\_\_

Legal name of business affiliated with DOR Tax I.D.

**Corporation Address:** \_\_\_\_\_

**Emergency Response Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**How are cigarettes sold?**

Over the counter\_\_\_\_\_ Vending machine\_\_\_\_\_ Other\_\_\_\_\_

**Please check all that apply:**

Cigarettes\_\_\_\_\_ Cigars and/or smoking tobacco\_\_\_\_\_

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**FEE:** \$110.00 Annual renewal fee due by July 1<sup>st</sup> of each year

Check here if payment was made on-line \_\_\_\_\_ (Please remember that this application still needs to be sent to the Health Department).

**Late Fee:** will double to \$220 if received after the due date.

**Payable to:** Town of North Andover